DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814
(916) 445-6271

January 22, 1980

ALL-COUNTY LETTER NO. 80-5 (TRAINING BUREAU)

TO: ALL-COUNTY WELFARE DIRECTORS
ALL-COUNTY STAFF DEVELOPMENT OFFICERS

SUBJECT: ANNUAL COUNTY TRAINING PLANS - FY 1979-80

REFERENCE:

Attached is the format and instructions for the FY 1979-80 County Training
Plan. This year is the first time the Department of Social Services has taken
a combined and comprehensive approach to developing and using Social Services
and Income Maintenance training plans from county welfare departments.

The format for this year's plans has changed considerably from previous years.
The format reflects this Department's need for more qualitative information
in areas of needs assessment and evaluation; as well as the increased need
for quantative information about workshops, participants and program areas.
Much of the information asked for in the plan is needed to answer inquiries
from the Department of Finance. The statistical information is also needed to
comply with a new Department of Finance requirement to report measures of
program effectiveness annually.

The plan is not intended to reflect the funding for staff development. Counties
may include items in their Annual County Training Plan that will not be eligible
for reimbursement as staff development expenses. Counties should refer to
All-County Letter No. 79-37, dated June 25, 1979, for the fiscal limitations
applicable to county staff development administrative costs.

The Training Bureau plans to use the information in this plan to influence the
various planning processes that occur at the state level around county training.
In the past when state program managers were planning county program training
priorities, identifying LAST program priorities and issuing Requests for
Proposals and contracts with universities, there was little formalized input
from counties. The plan will provide the Department with the county perspective
and priorities.

GEN 654   (9/79)

PLAN FORMAT

The plan format contains four distinct parts. Following is a summary of the information asked for in the plan.

PART I   Contains basic demographic information about the county and the staff development function and personnel. You are expected to submit updated information as major changes occur.

PART II   Contains statistical information for FY 1978-79. The Department is required to submit this information to the Department of Finance.

PART III   Contains the program statement which describes your approach to training, goals and objectives, needs assessment processes, planned programs, ongoing programs and evaluation process. This section is less structured than the previous sections. The intent is to gather the requested information without restricting the manner in which you present. Information from this section will be collated and combined with information from Part IV and form the statement of need for the Title XX University Training Program Request for Proposal for FY 1980-81.

You should attempt to give us as clear a picture as possible of your training operation. The Department does not advocate or require one approach to training, but rather that needs are effectively assessed, programs are developed to meet those needs and evaluated to determine their effectiveness. Any number of approaches may be taken to meet objectives and suit the particular situation of the county.

PART IV   Is designed to solicit your input around those needs you feel should be met by state programs. This information will be given to appropriate program managers for their consideration and will form the basis of the statement of need for the Title XX University Training Program Request for Proposal for FY 1980-81.

PREVIOUSLY SUBMITTED PLANS

Several counties have already submitted plans for 1979-80. Those plans are being evaluated by the Training Bureau to determine what additional information, if any, will be needed to meet the requirements of the plan. If you have already submitted a plan, a consultant will be contacting the staff development officer soon to discuss the evaluation.

DUE DATE

The plan is to be submitted no later than March 14, 1980.

Address the plan to: Ed Salt, Chief
                      Training Bureau
                      Department of Social Services
                      744 P Street, MS 14-62
                      Sacramento, CA 95814

QUESTIONS

County training consultants are available to answer any questions you may
have around the plan format. A consultant is assigned to each county (see
attached); please contact that individual. If you are unable to reach your
consultant, questions may be directed to Diane Just (916) 322-3362 or
ATSS 492-3362.

EVALUATION

Each plan will be reviewed and evaluated by the Training Bureau. Counties
whose plans are incomplete or unsatisfactory will be contacted by a consultant
to discuss the evaluation.

CLAUDE E. FINN, III
Deputy Director

Attachment

cc: CWDA

CONSULTANTS FOR COUNTY TRAINING PLANS

Diane Just	(916) 445-6271
	ATSS 485-6271
James "Tash" Tashima	(916) 322-3364
	ATSS 492-3364
Chris Cervantes	(916) 322-9109
	ATSS 492-9109
Julia Miranda-Bursell	(916) 445-6271
	ATSS 485-6271
Norma Clemons	(916) 445-6271
	ATSS 485-6271

County	Consultant
Alameda	Tash
Alpine	Chris
Amador	Julia
*Butte	Norma
Claveras	Chris
Colusa	Chris
Contra Costa	Julia
Del Norte	Norma
El Dorado	Norma
*Fresno	Chris
Glenn	Julia
Humboldt	Julia
Imperial	Tash
Inyo	Tash
*Kern	Julia
Kings	Tash
Lake	Chris
Lassen	Chris
Los Angeles	Diane
Madera	Chris
Marin	Chris
Mariposa	Tash
Mendocino	Tash
Merced	Tash
Modoc	Tash
Mono	Julia
Monterey	Chris
Napa	Chris
Nevada	Tash
*Orange	Tash

County	Consultant
Placer	Julia
Plumas	Julia
*Riverside	Chris
Sacramento	Julia
San Benito	Chris
San Bernardino	Tash
San Diego	Tash
San Francisco	Julia
San Joaquin	Tash
San Luis Obispo	Tash
San Mateo	Tash
Santa Barbara	Julia
Santa Clara	Chris
Santa Cruz	Chris
Shasta	Chris
Sierra	Julia
Siskiyou	Julia
Solano	Julia
Sonoma	Julia
Stanislaus	Julia
Sutter	Chris
Tehama	Chris
Trinity	Tash
Tulare	Norma
Tuolumne	Tash
Ventura	Norma
Yolo	Julia
Yuba	Norma

*County already submitted plan

COUNTY TRAINING PLAN — F.Y. 1979—80
PART I — DEMOGRAPHIC INFORMATION

COUNTY

A. STAFF DEVELOPMENT OFFICER

1. NAME	2. TITLE

3. ADDRESS	4. TELEPHONE

5. PROGRAMS OR AREAS OF TRAINING RESPONSIBILITY (CHECK APPLICABLE BOX) | 6. PERCENT OF TIME SPENT ON TRAINING

☐ SERVICES   ☐ INCOME MAINTENANCE   ☐ OTHER (SPECIFY) _____

B. OTHER STAFF DEVELOPMENT OFFICER — Use only for split training function (For Example, Income Maintenance/Services)

1. NAME	2. TITLE

3. ADDRESS	4. TELEPHONE

5. PROGRAMS OR AREAS OF TRAINING RESPONSIBILITY (CHECK APPLICABLE BOX) | 6. PERCENT OF TIME SPENT ON TRAINING

☐ SERVICES   ☐ INCOME MAINTENANCE   ☐ OTHER (SPECIFY) _____

C. STAFF DEVELOPMENT OFFICER:
If training function and/or responsibilities have been divided between more than two officers, check here ☐ and attach additional sheets.

D. STAFF DEVELOPMENT BUDGET:
If an alternate format is more suitable, check here ☐ and attach your budget. Please include definitions for those line items which are not commonly used.

ITEM	F.Y. 79—80 1/ BUDGETED AMOUNTS	SIGNIFICANT CHANGE FROM F.Y. 78—79	
		% INCREASE	% DECREASE
1. Salaries and fringe benefits of staff assigned full time			
2. Consultant fees			
3. Outservice training			
4. Tuition reimbursement			
5. Other training contracts			
6. Training equipment			
7. Training facilities			
8. Training supplies			
9. Travel and per diem for staff development function			
10. Other (specify)			
11. TOTAL STAFF DEVELOPMENT BUDGET			

COMMENTS ON SIGNIFICANT CHANGES (OPTIONAL)

12. If some or all of your training allocations are budgeted as part of other budget items, check here ☐ and attach a sheet explaining the method of budgeting and an estimate of the amount of training dollars included in the budget items.

1/ The plan is not intended to reflect the funding for staff development. You may include items in this column that are not eligible for reimbursement as staff development expenses.

E. STAFF DEVELOPMENT STAFFING

1. POSITIONS ASSIGNED FULL TIME TO THE TRAINING FUNCTION   Use one line for each position, check level of staffing.

POSITIONS AND LEVEL OF STAFFING	% OF TIME SPENT IN EACH AREA					TOTAL	VACANT OR PART—TIME POSITION
	INCOME MAINTENANCE	SOCIAL SERVICES	SUPERVISORY MANAGEMENT	GENERAL TRAINING	OTHER TRAINING		
☐ Manager/Supervisor ☐ Trainer ☐ Support						100 %	
☐ Manager/Supervisor ☐ Trainer ☐ Support						100 %	
☐ Manager/Supervisor ☐ Trainer ☐ Support						100 %	
☐ Manager/Supervisor ☐ Trainer ☐ Support						100 %	
☐ Manager/Supervisor ☐ Trainer ☐ Support						100 %	
☐ Manager/Supervisor ☐ Trainer ☐ Support						100 %	
☐ Manager/Supervisor ☐ Trainer ☐ Support						100 %	
☐ Manager/Supervisor ☐ Trainer ☐ Support						100 %	
☐ Manager/Supervisor ☐ Trainer ☐ Support						100 %	
☐ Manager/Supervisor ☐ Trainer ☐ Support						100 %	
☐ Manager/Supervisor ☐ Trainer ☐ Support						100 %	
☐ Manager/Supervisor ☐ Trainer ☐ Support						100 %	
☐ Manager/Supervisor ☐ Trainer ☐ Support						100 %	
☐ Manager/Supervisor ☐ Trainer ☐ Support						100 %	
☐ Manager/Supervisor ☐ Trainer ☐ Support						100 %	
☐ Manager/Supervisor ☐ Trainer ☐ Support						100 %	
☐ Manager/Supervisor ☐ Trainer ☐ Support						100 %	

If more space is needed, check here ☐ and attach additional sheets.

Use one line for each person assigned part time to the training function
Check the appropriate level of staffing for each person.

2. STAFF ASSIGNED PART TIME TO THE TRAINING FUNCTION

Level of staffing refers to the persons roles-responsibilities as it applies to the training function only.

INDIVIDUALS AND LEVEL OF STAFFING	% OF TIME SPENT IN TRAINING OR TRAINING RELATED ACTIVITIES	% OF TRAINING OR TRAINING RELATED TIME SPENT IN EACH AREA					
		INCOME MAINTENANCE	SOCIAL SERVICES	SUPERVISORY MANAGEMENT	GENERAL TRAINING	OTHER TRAINING	TOTAL
☐ Manager/Supervisor ☐ Trainer ☐ Support							100%
☐ Manager/Supervisor ☐ Trainer ☐ Support							100%
☐ Manager/Supervisor ☐ Trainer ☐ Support							100%
☐ Manager/Supervisor ☐ Trainer ☐ Support							100%
☐ Manager/Supervisor ☐ Trainer ☐ Support							100%
☐ Manager/Supervisor ☐ Trainer ☐ Support							100%
☐ Manager/Supervisor ☐ Trainer ☐ Support							100%
☐ Manager/Supervisor ☐ Trainer ☐ Support							100%
☐ Manager/Supervisor ☐ Trainer ☐ Support							100%
☐ Manager/Supervisor ☐ Trainer ☐ Support							100%
☐ Manager/Supervisor ☐ Trainer ☐ Support							100%
☐ Manager/Supervisor ☐ Trainer ☐ Support							100%

If more space is needed , check here ☐ and attach additional sheets.

F. ORGANIZATIONAL STRUCTURE

1. Attach an organization chart of the department, indicating the placement of training.

2. Attach an organization chart of the training section/function.

Add a narrative if you feel it will help us understand the training section organization.

G. TRAINING POLICY

Regulations require that each county welfare department have a training policy in writing and that the policy be available to all staff.
Please attach a copy of this policy.

COUNTY TRAINING PLAN — F.Y. 1979–80

PART II — TRAINING RECAP FOR F.Y. 1978–79

COUNTY

A. **INSERVICE TRAINING** That training developed coordinated and conducted by the county welfare department or by a contracting instructor or training agency to meet the sole and specific needs of the welfare department. Generally only employees of the welfare department attend these sessions. **DO NOT** include courses offered as a part of Title XX University training contracts.	TYPE OF TRAINING					
	INCOME MAINTENANCE	SOCIAL SERVICES	SUPERVISORY MANAGEMENT	GENERAL TRAINING	OTHER TRAINING	TOTAL
1. Number of Participants						
2. Number of Participant Hours						
3. Number of Classroom-Workshop Hours						
4. Number of Trainer hours in Classroom/Workshop						
B. **OUTSERVICE TRAINING** That training developed, coordinated or conducted outside the county welfare department to which the county welfare department sends staff. Courses are not specifically designed for the county welfare department and participants in the training come from many sources. **DO NOT** include courses offered as part of Title XX University contracts.						
1. Semester/quarter long college/university						
a. Number of Participants						
b. Number of Courses						
2. Other outservice training						
a. Number of Participants						
b. Number of Participant Hours						
C. **TITLE XX UNIVERSITY TRAINING** Training developed, coordinated and conducted by universities under the terms of a state or county Title XX contract.						
1. Number of Participants (Exclude stipend students)						
2. Number of Participant Hours (Exclude stipend students)						
3. Number of Stipend Students						

PART I

DEMOGRAPHIC INFORMATION

INTENT

Part I is designed to provide basic demographic information about your department and its training function. This information will become part of your permanent county file. It will be requested in its entirety this year only.

RESPONSIBILITY

The county welfare department is responsible for immediately informing the State Department of Social Services Training Bureau of any changes to this basic demographic information.

FORMAT

Please provide the requested information using the attached format. Those items which require clarification or definition beyond that provided in the form are detailed below.

The plan is not intended to reflect the funding for staff development. You may include items in the plan that will not be eligible for reimbursement as staff development expenses.

ITEMS

E. STAFF
DEVELOPMENT
STAFFING

Following are the definitions which should be used in identifying the level of a position:

MANAGER/SUPERVISOR
Those individuals who have primary responsibility for supervising and managing staff who carry out training activities. These individuals may also have trainer and support duties.

TRAINER
Those individuals who have primary responsibility for coordinating and/or carrying out training activities (planning, evaluating, conducting training programs; providing consultation services, etc.). Trainers may also have support functions.

SUPPORT
Those individuals who have primary responsibility for providing administrative, clerical and other support to the training function.

Following are the definitions which should be used in identifying the program areas:

INCOME MAINTENANCE TRAINING
The time devoted to all training and training related activities directly related to Income Maintenance programs.

SOCIAL SERVICES TRAINING
The time devoted to all training and training related activities directly related to Social Services programs.

SUPERVISORY AND MANAGEMENT TRAINING
The time devoted to training and training related activities designed to develop supervisory and management skills within the department regardless of the program areas of the participants.

GENERAL TRAINING
The time devoted to training and training related activities that are general rather than directed to a particular program (e.g., writing skills, cultural awareness, stress management, etc.)

<u>OTHER TRAINING</u>

The time devoted to all training and training related activities that are not covered in the above four categories (e.g., some Organizational Development activities, Management Assessment centers, special projects, etc.). If the time in this area exceeds 25% please attach an explanation.

<u>VACANT OR PART—TIME POSITION</u>

Use this column to indicate the position is currently vacant.

If the position's time base is less than full time (e.g., ¼ or ½) but the position is assigned to the training function only, indicate the time base in this column.

INSTRUCTIONS
COUNTY TRAINING PLAN FOR F.Y. 1979—80

PART II   **TRAINING RECAP FOR F.Y. 1978—79**

INTENT   The purpose of this section is to help the State Department of Social Services answer questions from the Legislature, the Legislative Analysts Office, the Federal Government and the Department of Finance.

FORMAT   Please use the attached format to provide the information. Those items which require clarification or definition beyond that provided in the form are detailed below.

ITEMS

TYPE OF   The definitions for type of training are identical to those used in Part I.
TRAINING

A. INSERVICE
   TRAINING

1. Number of   Count each person attending each workshop. It is not uncommon to count a person
   Participants   more than once since they may attend several workshops during a year.

PART III   PROGRAM STATEMENT

INTENT

This section is designed to allow you to fully describe your approach to using training as a management resource to improve organizational and individual performance. It also allows you to describe your specific plans for FY 1979—80.

The format described sets out those areas that **must be addressed.** Additional information is welcome to the extent that you feel it will give us a more clear understanding of your county's approach to training.

The information pertaining to Title XX training you provide in this section along with the information you provide in Part IV will be used to develop the statement of need for the Title XX University Training Request for Proposal for Fiscal Year 80—81.

This format should allow you to describe what you have already done in addition to your future plans for 1979—80. It is not our intent to prescribe a process or dictate a single approach to training. The format identifies those elements which we believe should be a part of any planning process for training used by a county regardless of its size or the level of its training expertise.

If the format we have described does not easily fit your situation, develop your own format, but ensure that all areas and questions are covered or addressed.

The **PROGRAM STATEMENT** contains five sections described below.

A. GOALS AND OBJECTIVES

Describe the overall goals and objectives of the training function and how they relate to the goals and objectives of the department. Please be as specific as possible.

Describe the operational relationship between the:

1. Manager(s) responsible for the training function; and

2. The program and other departmental managers.

You may also use this section to more fully describe the overall approach your department takes to training if Part I, Demographic Information, did not allow you to do so.

B. NEEDS ASSESSMENT

Describe the needs assessment process(es) you used to identify training needs for Fiscal Year 1979—80. Include the following:

1. Program areas in which needs assessments were done. (Often needs assessments are directed to one particular program or program component rather than department-wide. Describe these needs assessments separately.)

2. Describe the method(s) used.

3. Identify the individuals involved (e.g., numbers, levels, classification, etc.). If you do not have specific numbers describe in general terms.

4. Describe how decisions were made on what was a "real" training need and how this information was validated.

5. Describe how decisions were made on priorities and who was involved in those decisions.

6. Describe the results of the needs assessment process. Identify the priority training needs.

7. What priority needs are you addressing or planning to address this fiscal year?

Describe how you plan to assess needs for Fiscal Year 1980—81.

PART IV   STATE PROGRAM TRAINING NEEDS

INTENT   This section provides you an opportunity to identify training needs which you feel
                        should be met by state program staff.

                        The information you provide us will be used in the following ways:

1. Program   Providing the information to State Program Managers (e.g., AFDC, IHSS, Fiscal, etc.).
   Managers   The program manager(s) will then use the information as additional training need
                        data when planning state training activities.

2. Training   Keep the information in the Training Bureau for use in planning for training which we
   Bureau   may provide to county training staff in training skills, training management, training
                        regulations, etc.

3. LAST Projects   Include the need in the priority needs list for the LAST Program.

4. University   Include the information in the Statement of Need in the Request for Proposal process
   Programs   for Title XX University Training Projects for Fiscal Year 1980—81.

5. Other   There may be other state processes or combination of processes which you feel should
   Processes   be used to meet the training needs. When completing Part IV do not limit yourself
                        to the four processes outlined above if you feel there is another way which would be
                        more appropriate in meeting the training need. If you do suggest a process other
                        than the four outlined above, please describe it as specifically as possible.

A. NEEDS   Identify the needs you described in Part III—B which you feel should be met through
   IDENTIFIED IN   the state programs described above. Submit the following information:
   PART III—B

1. Describe the Need   Describe the need and the needs assessment process used to identify the need.
                        Reference to the appropriate Part III—B information is acceptable.

2. Why   Explain why the need should be met at the state level or through state programs
                        instead of the county level.

3. Potential   Describe the potential participant population. Include as much information in this
   Participants   section as possible (e.g., numbers, program areas, classification).

4. State Process   Describe the state process(es) you feel could best meet the need, Refer to those
                        five (5) processes outlined above or describe the proposed process.

B. OTHER NEEDS   You may also be aware of training needs which are based on data other than that
                        used to identify the needs described in Part III—B. These needs may have been
                        identified through every day observation of work activities or other informal ways. Use
                        this section to describe those needs which you feel should be met through state programs.
                        Include the following information:

1. Describe the Need   Describe the need, including how you identified the need.

2. Why   Explain why the need should be met through a state program rather than a county program.

3. Potential   Describe the potential participant population. Include as much information as possible
   Participants   in this section, (e.g., numbers, program areas, classification).

4. State Process   Describe the state process(es) you feel could best meet the need. Refer to those five (5)
                        processes outlined above or describe the proposed process

C. PROGRAM IMPLEMENTATION

This section is designed to provide a description of the training services you provide to your agency staff. Each county will approach program implementation differently. Some approaches may be more formal or traditional than others. For example, while some counties may approach training through the use of group workshops, other counties may use a planned one—to—one training approach. Both approaches (and others) can be legitimate techniques to use in meeting training needs, depending on how they are carried out.

1. Inservice Ongoing

Describe the ongoing or already developed in—service (use definition from Part II) training programs you plan to offer in F.Y. 1979—80. These may be grouped when appropriate (e.g., New Eligibility Worker Training Program, Supervisor Training Program, etc.) and described as a whole rather than individually. Include the following information for each program, activity or workshop:

a. The origins of the program (result of a request, needs assessment, mandatory training, good guess, etc.).

b. If the program is being continued to address a priority need described in Section B, identify the need.

c. A brief description of the program, including length and objectives. Identify the typical beneficiary of the program.

d. A brief statement of the expected extent of the program for this year (number of times given, number of people, number of hours devoted to the program, etc.).

e. Describe the future plans you have for the program, (e.g., change, continue as is, discontinue, expand, etc.).

2. Inservice New

Describe any **new** in—service training programs you have or are planning to develop in response to your priority training needs for F.Y. 1979—80. Include the following information:

a. The need the program is designed to meet.

b. A description of the program, including learning objectives, or subject areas to be included, expected outcomes, length and type of program (workshop, programmed instruction, other, etc.).

c. Description of intended participants, who, how many, from what areas or programs.

d. A brief statement of the anticipated extent of the program, length, number of people, duration, etc.

e. Describe how you intend to evaluate the program.

3. Inservice Other

Describe any other in—service training activities or services you will be providing this year that were not included in Items 1 and 2 above. Examples include consulting, developing special projects, management assessment centers, etc. Include the following in your description:

a. The need you are meeting.

b. A description of the activity or service.

c. A description of the typical beneficiaries of the service or program.

4. Outservice

Describe any out—service (use definition from Part II) training programs and services you will use to meet your priority training needs. Describe the nature of the program, expected results, etc.

Describe any other out—service activities you are providing this year that were not included in Item 4.

D. PROGRAM EVALUATION

Describe your overall approach to evaluating the effectiveness of training programs and services. Include information about how these evaluations are tied into measures of program effectiveness and efficiency, job performance, etc. You may also include a description of how **each** program in Items C 1, C 3 and C 4 are evaluated. (Include any evaluative comments you may wish to make about the Title XX University Program, particularly around your negotiated agreements with the universities.)

E. LONG—TERM TRAINING PLANS

Describe your long—term plans for enhancing the effectiveness of the training function and training personnel in your county. For example, where do you want to be in five years, and how will you get there? Describe any major steps the Training Bureau at the state level can take to support your specific long—term plans.